Cost  Cost  Cost  Complete   Patial   Use continuation sheet(s) if necessary  Disped from to Weight Government B/L. No. Total  STATINTL (Sign original only)  STATINTL (Sign original only)  Date 1/14/58 *Payee  Per	(Gen. Rec.) (Amended I	Poved F.or February 20, 1952)	Release Zilli	HEES OTHER T	HANPER	SORAT	KOUU6U	u. Vou. No	05-0 <sub>20</sub>	<u>L4</u>			
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The UNITED STATES, Dr.,  Paye's Account No	(Department, bureau, or establishment)								PAID BY				
The UNITED STATES, Dr.,  Paye's Account No	Voucher prepared at(Give place and date)							- Çi	el:#2	to	( !		
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(Colty) (City) (State)  No. and Date of Delivery Order of Services  (Conter description ARTICLES OR SERVICES Security of Security Contents of Services	To							COP	Y ( OF	2	į.		
No. and Date of Date of Delivery or Services    Cost			(	Payee)				- 4	a sirir	<u> </u>	77		
No. and Date of Date of Dollvery or Service    Cost   Cost		(Add	dress)	(City)		(State)			*		•		
Discount Terms    Discount Terms   Disco	No. and Date of	Date of Delivery	Linter description.	RTICLES OR SERVIC	ES		Ī	UNIT	PRICE	AMOUN	IT		
DATMENT:  Complete   Partial   Use continuation sheet(s) if necessary    Partial   Weight   Government B/L No. Total   678 56	Order	or Service	schedule, and	other information deer	med necessary	)	QUANTITY	Cost	Per	Dollars	Cts.		
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STATINTL (Sign original only)   Differences   Cash, \$50	Complete												
Use continuation sheet(s) if necessary  to Weight Government B/L No. Total 678 56  certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Differences.  Differences.  Differences.  Differences.  Amount verified; correct for (Signator initials)  Per Title (Signator initials)  Outrought to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$ Sign Online  Online  The reverse of This form must be received when purchases are made on services secured without written agreement in any form  ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)  Check No. dated 19 for \$ for Signator on the United States in favor of layers named above.													
certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 1/14/58 *Payee  Per					cessary	_							
STATINTL (Sign original only)  Date 1/14/58 *Payee  Per							as must NO	Г 41.		678	.56		
Date 1/14/58 *Payee  Per			and just and that paym	ent has not been receiv	ed.				· '				
Amount verified; correct for (Signature or initials)  Outract No. A - / C   Date Req. No. Date Invoice Rec'd.  Outraut to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$	••.	STATINIL	(Sign original only)						1				
Per	Data 1/14/58	3 *P				1							
Contract No.   A - / C   Date   Req. No.   Date   Invoice Rec'd.	Juli	1 ayee	ot required when a like	certificate is made by payee on atte	ached bill or bills)								
Contract No. A - I C   Date Req. No. Date Invoice Rec'd.  Dursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$			Title										
Approved for \$	Contract No.	A-101	Date	Req. No.									
SIGN ORIGINAL ONLY  ORIGINAL Title  Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM  ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)  aid by   Check No. dated	ursuant to autho	rity vested in me, I	certify that this account	is correct and proper fo	or payment.								
ORIGINAL ONLY  Date	Approved for \$.		**********		†		(Authorize	ad Cortifuir	or Officer)		*******		
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM  ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)  aid by   Check No. dated	Ву		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ORIGINAL									
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THE RESTRICT TO DISTRICT OF THE CONTROL OF A COMPANY OF					Payee			(Sign original o	nly)				

16-22900-6

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o. and Date of Order	Date of Delivery	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		UNIT PRICE		AMOUNT	
	or Service			Cost	Per	Dollars	Ct
		Contract A-101 System IV					
		Direct Costs Properly Chargeable to Contract A-/c/ for the period 12/9 thru 12/31/57				\$TATIN	   <b>  </b>
		Labor for the period 12/9 thru 12/31/57					
STA	ΓINTL	Overhead computed for Computer Systems Division at interim rate of	ST	ATINT	L		
		Total Labor and Overhead					
STATI	NTL	G & A expense computed at interim rate of					
		Total Costs				\$ <u>67</u> 8	.56
						****	
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